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**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Women's Care Center
Federal Tax ID Number	[REDACTED]
Street Address	935 East Broad Street
City, State Zip code	Columbus, Ohio 43205
County of Location Providing Services (One Application Per Location)	Franklin
Address where ODH should Direct Payment	P.O. BOX 9648, Columbus OHIO 43209
Counties of Service This location serves women from the following counties:	
Name of Person and Title completing application	Ann M. Jones, Outreach Dir.
Area Code/Phone Number	614-251-0200
Email	mama.jones@live.com

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;

E. Does not charge pregnant women for any services received;

F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;

G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.

IV. For Current Choose Life Organizations: By June 1, 2016, you must submit the following with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:

a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*

b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*

c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*

2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:

a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*

b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*

c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. **Expenditure Tracking Form**. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

4. **A new Supplier Information Form**. (If Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

V. For New Choose Life Organization Applicants: By June 1, 2016 submit the following:

- One (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Supplier Information Form

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Authorization Agreement for Direct Deposit of EFT Payments form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

May 12, 2016
Date

Ann M. Jones
Signature of Person Completing Application
Ann M. Jones, Outreach Director
[Print Name & Title]

Application to be submitted to:

Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor
Columbus, OH 43215
Attention: Marius Igwe

Phone: 614.466.4634
Email: Marius.Igwe@odh.ohio.gov

Choose Life Fund Expenditure Form
SFY 16 July 1, 2015 through June 30, 2016
Due June 1, 2016

Agency Name		Women's Care Center			
Tax ID #		[REDACTED]			
Contact Name		Ann Jones			
Contact Phone #		614-251-0200			
Quarters					
		1st Quarter		2nd Quarter	
		7/1/15 Thru 9/30/15		10/1/15 thru 12/31/15	
		3rd Quarter		4th Quarter	
		1/1/16 thru 3/31/16		4/1/16 Thru 6/30/16	
Carryover SFY 14 Amount		\$ 1,165.00			
Award Amount		\$ 699.00			
Material Needs of Pregnant Women at 60%					
Clothing Costs		\$0.00			
Housing Costs		\$0.00			
Medical Care Costs		\$2,719.04			
Food Costs		\$468.80		\$937.60	
Utilities Costs		\$5.10		\$10.20	
Transportation Costs		\$0.00			
Other Costs (Explain)		\$94.00			
Total Material Costs		\$2,842.62		\$947.80	
+/- Award Amount		\$ (2,143.62)			
Direct Costs at 40%		\$ 464.00			
Counseling Costs					
Training Costs		\$2,719.04		\$937.60	
Advertising Costs		\$0.00			
Total Direct Costs		\$15,750.53		\$3,899.66	
+/- Award Amount		\$18,469.57		\$4,837.26	
Total Award Minus Materials and Direct Costs		\$ (18,003.57)			
Award Amount @ 10% (if less than 10% of total award, the amount must be carried forward until depleted.)		\$ 114.50			
Refund Due ODH (June 1, 2016)		\$ -			

INVOICE

Invoice #: 0102

Invoice Date: 09/13/2016

Purchase Order #: DOH01-0000045580

OAKS Vendor #: 0000221996

Bill To: Ohio Department of Health
Bureau of Maternal, Child and Family Health
P.O. Box 118
Columbus, Ohio 43216

Remit To: Women's Care Center, Inc.
935 E Broad St
Columbus, Ohio 43205

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$ 976.00

Program Approval: [Signature]

Approval Date: 9/13/16

Grand Total

\$976.00

Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services **MUST** be included on the invoice.

Dept of Health

Supplier:
0000221996
WOMENS CARE CENTER INC
935 E BROAD ST
COLUMBUS OH 43205

Dispatch via Print

Purchase Order	Date	Revision	Page
POH01-0000045580	08/30/2016		1
Payment Terms	Freight Terms	Ship Via	
Net 30	FOB Destination, Prepaid	N/A	
Kennon A Hughes			Currency
			USD

Ship To: Dept of Health
P003574
KENNON A HUGHES
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

Bill To: Dept of Health
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

Line	Sch	Quantity	UOM	
1-	1	1	AMT	Choose Life Program

Unit Price	Extended Amt	Due Date
976	976.00	

Schedule Total 976.00

Item Total 976.00

ODH Contact: Marius Igwe 614-466-4634 Contract# 8027

Total PO Amount 976.00

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head

Richard Hodges, MPA
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Ann M. Jones, Outreach Director
Women's Care Center
935 East Broad Street
Columbus, OH 43205

Tax ID: [REDACTED]

Dear Ms. Jones:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

- Franklin \$ 976.00

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$976.00 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or phone 614-466-4634.

Sincerely,


Richard Hodges, MPA
Director of Health